

Case Number:	CM15-0049500		
Date Assigned:	03/23/2015	Date of Injury:	03/19/2008
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old male, who sustained an industrial injury on March 19, 2008. He reported shoulder and back pain. The injured worker was diagnosed as having other cerebral degenerations. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of bilateral shoulders, surgical intervention of the cervical spine, conservative treatments, cognitive behavioral therapy, medications and work restrictions. Currently, the injured worker complains of bilateral shoulder pain, back pain, sleep disturbances, weight gain, and gastrointestinal upset and sexual dysfunction secondary to pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 17, 2014, revealed continued pain as previously noted. Buspar was recommended for continued anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Buspar 10mg 1 tab bid #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Drug Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Anxiety medications in chronic pain.

Decision rationale: The patient was injured on 03/19/2008 and presents with bilateral shoulder pain, back pain, sleep disturbance, weight gain, and gastrointestinal upset and sexual dysfunction secondary to pain. The request is for BUSPAR 10 mg 1 tablet BID #60 with 2 refills. There is no RFA provided, and the patient's work status is not provided. The report with the request is not provided either. Regarding Buspar, MTUS Guidelines are silent. MTUS Guidelines do not discuss anti-anxiety medications. Regarding anti-anxiety medications, ODG Guidelines state, "recommend diagnosing and controlling anxiety as an important part of the chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below". ODG Guidelines state that Buspar is "also approved for short-term relief of anxiety symptoms." In this case, there is no discussion provided regarding Buspar. According to the 09/22/2014 report, the patient is diagnosed with major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. ODG Guidelines indicate Buspar for anxiety, which this patient presents with. However, review of the reports provided does not indicate if this medication provides any benefit to the patient's symptoms. Therefore, the requested Buspar is not medically necessary.